U.S. Department
of Transportation
**Federal Aviation
Administration**

Memorandum

Subject: **INFORMATION:** Agency Fiscal Year Annual Report on Occupational Safety and Health

Date: MAR -4 2002

Reply to
Attn. of:

From: Acting Associate Administrator for Policy, Planning, and International Aviation, API-1

To: Associate Director, Office of Security and Administrative Management, M-40

Attached is the annual assessment report for the FAA Occupational Safety and Health Program as requested in the Department of Labor letter to the Designated Agency Safety and Health Officials. If you have any questions about the report, please contact Tom Holloway of my staff at ext. 78114.

Louise E. Maillett

Attachment

U.S. DEPARTMENT OF TRANSPORTATION
ANNUAL OCCUPATIONAL SAFETY AND HEALTH REPORT
FY 2001

DOT ORGANIZATION Federal Aviation Administration **DATE** February 25, 2002

PERSON COMPLETING THIS REPORT Nancy J. McWilliams, CSP, ARM **PHONE** (202) 267-9548
OSH Manager, AEE-200

Each fiscal year the U.S. Department of Transportation (DOT) is required to report on the state of the Occupational Safety and Health (OSH) program. In order to assure that information is correctly gathered and analyzed, we request that you use this format to prepare your report. Please be thorough with the information you provide. Your report and those from the other Operating Administrations (OAs) will be used to prepare the overall "state of the union" Departmental report that will be published for internal and external uses. If you have any questions about completing this report please contact Jeanne Kosch at (202) 366-0038 or Jeanne.Kosch@ost.dot.gov. Your final completed report is due to OST by March 1, 2002 and must be signed by your Designated Agency Safety and Health Official (DASHO) (no exceptions).

1. EXECUTIVE SUMMARY

The FAA's total cost for worker injuries and illnesses continues to rise. The costs for FY01 rose 3.6% to $89.4 million when compared with FY00. And, since FY98 the total cost for worker injuries and illnesses has risen 11.6%. The $89.4 million for FY01 includes an $86.4 million Office of Workers' Compensation Program (OWCP) chargeback cost plus $3 million in continuation of pay (COP). COP represents payments for the first 45 days a worker is away from work due to a work-related injury (illnesses are not included in COP) and is paid directly by the Agency.

The increase in FY01 costs is due to an increase in the number of new claims with their corresponding increase in costs, and also to ongoing costs of old claims. In addition to the 1816 new claims in FY01, there were approximately 1747 continuing claims, some as old as 20 years.

Perhaps the most significant accomplishment for FY01 included creating heightened awareness for senior managers of the costs of worker injuries. This was accomplished with a presentation of the FY01 loss experience at the national Occupational Safety, Health, and Environmental Compliance Committee (OSHECCOM) in October 2001 (originally scheduled for July 2001) and the inclusion of safety performance goals in senior managers' performance plans.

For FY02 the FAA faces many challenges, including identifying more effectively the causes of the injuries/illnesses that occur and developing a system to track lost production days. The inability to track lost production days (also called days away from work) hampers the ability to accurately identify where the largest cases are occurring. The enhancements that are planned for the Safety Management Information System (SMIS) will permit more effective trending of injuries/illnesses.

2. MESSAGE FROM THE FAA DASHO

I am pleased to acknowledge the efforts of the lines of business (LOBs) to improve and expand their OSH programs. For example, ATS' Air Traffic and Airway Facilities organizations have made progress in addressing long time OSH issues, such as headset tone incidents and workers' compensation chargeback costs. The Regulation and Certification (AVR) line of business is working to implement its headquarters-to-field OSH program; the Human Resources (AHR) staff office is working with LOBs to improve communication and to provide needed information on injury and illness data and associated costs. AHR also has been working to ensure that managers' performance plans include an OSH element, which will require managers and supervisors to consider their employees' safety and health needs as part of their organizations' normal operations.

We recognize that much work still needs to be done. Our lost time and total case rates for injuries and illnesses rose in FY01, and our workers' compensation costs also increased. I am committed to finding innovative solutions that will turn these figures around. In the third quarter of FY02, my office will brief FAA's Management Board on the FY01 injury and illness rates and offer recommendations with timelines for review and response. Other OSH priorities for FY02 include: (1) Increase efforts to reduce injuries and illnesses and their corresponding OWCP costs through promotional programs; (2) Finalize enhancements to the Safety Management Information System to produce timely reports on LOB and agencywide injury and illness trends; (3) Begin revising Order 3900.19B, the FAA OSH Program, to require all LOBs to budget and implement OSH programs for their employees; (4) Revise the OSHECCOM Charter to include Associate and Assistant Administrators of all LOBs and Staff Offices as members; and (5) Revise AEE's 5-year OSH Strategic Plan to include a new risk management paradigm for the agency.

If we as an Agency are to have an effective OSH program that reduces injuries and their related costs, we must move beyond compliance and adopt a pro-active approach to managing the safety and health of our workers. One way to accomplish that is by adopting a risk management approach, which integrates safety into operations.

As part of a risk management program, we must give managers to the tools and education to manage the safety performance of their organizations and subsequently hold them accountable for the safety experience of their organizations, identify injury and illness trends, develop and implement programs to reverse those trends, and, adopt a proactive approach in working with those who sustain injuries or illnesses to return them to work as quickly as feasible.

The future of the FAA's safety and health program holds many challenges, but we are optimistic that we will find and promote new ideas that will strengthen and refine the program's goals.

3. INTRODUCTION

The Federal Aviation Administration (FAA) has primary responsibility for the safety of civil aviation and also recognizes that it has a responsibility to ensure safe and healthful workplaces for its employees. This responsibility was articulated in the Administrator's Policy Statement for Employee Occupational Safety and Health and Environmental Compliance, signed January 27, 1995.

In June 1998 the Administrator issued a memorandum requiring all lines of business (LOBs) to identify and fund their own operational OSH requirements. Each LOB would now be required to provide resources to address its own employee OSH needs. This memorandum caused a shift in LOB responsibilities that will be captured in the next revision of Order 3900.19B, FAA Occupational Safety and Health Program. Consistent with the order, the Office of Environment and Energy, AEE-200, continues to provide OSH policy in the form of new technical chapters. Airway Facilities now limits its OSH implementation efforts to its own organization, rather than across all LOBs as required by the order. AFZ-800 will continue to provide technical assistance to other LOBs upon request, but only as time and resources permit. The OSHECCOM requested that each LOB designate an OSH point of contact (POC). Their names are listed under paragraph 4 of this report. Many of these individuals have little if any safety education or experience, and must rely on assistance from AEE and AFZ to implement their OSH programs.

This annual report of the FAA's OSH activities provides a summary of the Agency's injury/illness experience and shows its progress toward achieving its safety and health goals. The results shown in this report will be used to inform FAA senior managers of the Agency's OSH experience and to develop strategies for improvement.

4. SAFETY ORGANIZATIONAL CHART

The names of the FAA DASHO, safety personnel including the LOB Points of Contact (POCs), Regional OSH Managers (ROSHMs) and other individuals who are key to the FAA safety program are shown in Appendix A.

5. STATISTICS AND ANALYSIS

a. Comparison of FY 2001 statistics for lost time injuries/illnesses and fatalities with FY 2000 statistics.

LOST TIME INJURY/ILLNESS CASES AND FATALITIES

Operating Administration: FAA

	FY98	FY99	FY00	FY01
Number of New Injury/Illness cases with lost time	945	909	978	1164
Injury/Illness Case Rate per 100 employees	1.90	1.87	2.00	2.31
Number of Fatalities	2	0	1	3
Number of Employees	49,504	48,658	48,942	50,491

Note: Lost time case rate (the same as the lost work day case rate) = $\frac{\text{\# cases X 100}}{\text{\# of employees}}$

Data sources: The number of new lost time cases for FY98–00 was taken from the respective FAA OSH Reports; FY01 data (including fatalities) were taken from SMIS (on 12/27/01). Fatalities for FY 98-00 were taken from the respective FAA OSH Reports to DOL. Number of Employees for FY00-01 was provided by DOT, and FY98-99 by OSHA.

In FY01 the number of lost time cases rose 19.01% compared with FY00. Stress cases among air traffic controllers continue to rise.

b. **Office of Workers' Compensation Programs (OWCP) and Continuation of Pay (COP) costs**

TOTAL COST OF INJURIES/ILLNESSES (in millions)

Operating Administration: FAA

	1998	1999	2000	2001
OWCP Chargeback Costs	$78.1	$84.3	$83.7	$86.4
COP Costs	2.0	1.7	2.6	3.0
TOTAL: OWCP + COP	$80.1	$86.0	$86.3	$89.4

Data Sources: FY01 – DOT; FY98-00 - the respective FAA Annual OSH Reports.
Note: OWCP costs are based on July 1 – June 30; COP costs are based on fiscal year.

The FAA OWCP chargeback and COP costs continue to rise. The costs for FY01 rose 3.6% to $89.4 million when compared with FY00. The total cost for worker injuries and illnesses has risen 11.6% since FY98. The total cost figure for FY01 includes an $86.4 million OWCP chargeback plus $3 million in continuation of pay (COP).

The highest FY01 COP costs were for Eastern Region, $1.1 million (30% of the total), and Southern Region, $560,000.

c. **Significant trends and major causes or sources of fatalities and lost time injuries/illnesses.** (What have been the most serious and most frequent types of fatalities and injuries/illnesses with lost production days? Be specific and use bullets.)

TRENDS

Operating Administration: FAA

FY	TRENDS	MAJOR CAUSES/SOURCES OF EACH TREND
01	A significant number of injury and illness cases continue to be processed as "Unclassified" or are incorrectly classified.	This hinders investigations to determine (and prevent) the causes of these injuries and illnesses. Several explanations: • Data is entered incorrectly by FAA; • Insufficient data is provided on the CA-1/CA-2 so that DOL cannot accurately classify the claim • There has been no "stress" choice on the CA-1/CA-2 forms when determining the type of claim
	Stress claims remain the major source of lost production days.	• Stress claims are filed by Air Traffic Controllers when an "operational error" occurs. • Agencywide statistical analysis is not yet available in our safety management information system (SMIS) to permit analysis of stress claims. • Air Traffic Controllers are filing multiple stress claims.
	There were three fatalities.	No trends were identified.
00	In FY2000 handling manual equipment/furniture accounted for 15% of Airway Facilities injuries. (ATS/AAF)	Focused initiatives successfully reduced material handling incidents in Airway Facilities approximately 9% in FY2001. (ATS/AAF)
99	Injuries and illnesses were not being classified correctly.	CA-1 and CA-2 forms were not being completed with sufficient information to correctly classify the injury/illness.
98	There were two fatalities.	Based on available data, no trends were identified.

d. **Federal Worker 2000 (2001 Federal Employee Initiative FEI) Status**

Goal 1a – Reducing the overall Total Case Rate (total number of injuries/illnesses per 100 employees) by 3% per year beginning with FY00 and using FY97 figures as the baseline.

$$\text{Total Case Rate} = \frac{\text{\# of injuries/illnesses for the year} \times 100}{\text{\# of employees}}$$

GOAL 1a – TOTAL CASE RATE

Operating Administration: FAA

FY97 Baseline	FY00		FY01		Was Goal Met?	
	Goal	Actual	Goal	Actual	Yes	No
3.23	3.13	3.53	3.04	3.60		X
Total # of injuries/illnesses (Source – DOT)		1,726		1,816		
# of employees (Source: DOT)		48,942		50,491		

For the past two years, the FAA has not met its goal due to an increase in the total number of injuries (this includes injuries with and without days away from work).

Goal 1b - Improve the timeliness of reporting of injuries and illnesses to the Department of Labor by 5 percent per year based on FY 98 rates

Goal 1b – TIMELINESS OF REPORTING

Operating Administration: FAA

	1998 Baseline % in 14 Days	2000 % submitted within 14 Days		2001 % submitted within 14 Days		Goal Met in 2001?	
		Goal	Actual	Goal	Actual	Yes	No
FAA	31.0%	31.0%	32.6%	32.6%	47.33%	X	

Source: FY00 and FY01 - AHR

FAA submitted 51.83% of its 1,368 CA-1 (traumatic injury) claims within 14 days and 14.81% of its 189 CA-2 (occupational disease) claims within 14 days for an average of 47.33% for the OWCP 12 month period 7/1/00 – 6/30/01.

Goal 2 - For those work sites with the highest rates of serious injuries, reducing the occurrence of such injuries by 10 percent per year. Any worksite that exceeds 5.34 injuries/illnesses per 100 employees in FY96 falls under this goal.

$$\text{Total Case Rate} = \frac{\text{\# of injuries/illnesses for the year} \times 100}{\text{\# of employees}}$$

FAA has two locations that fell into the "highest rate" category based on FY96 figures: Westbury, NY and Cleveland, OH.

Goal 2 – Worksites with Highest Injury Rates

Operating Administration: FAA **Work Site: Westbury, NY 11590**

	FY96 Baseline Rate (Westbury)	FY00		FY01		Goal Met?	
		Goal	Actual	Goal	Actual	Yes	No
Total Case Rate of Injuries/Illnesses (per 100 employees)	11.29	10.16	20.83	9.14	23.1		X

Source: FY96, FY00, FY01 – DOT; FY01 394 employees, 92 cases/91 with lost time) – DOT; FY01 statistics supplied by the Region showed 95 cases, however, the DOT statistic was used for calculations.

Not only did the Westbury location not meet its goal in FY01, its total case rate increased 12.8% from FY00. For FY01 there were a total of 1,305 lost production days (COP). Following is a breakdown of the most significant cases in FY01.

- Air Traffic accounted for 92 of the 95 cases reported by the Region.
  67 stress claims were filed by air traffic controllers with 1,112 lost production days (COP). Of these, 19 controllers filed two stress claims each in FY01.
  15 tone incident claims were filed by controllers, totaling 75 Days COP.
  4 back strain claims were filed by controllers, totaling 28 days COP.
  3 controllers fell on the floor - 80 COP days.
  1 employee had a heart attack - no COP days.
- Airway Facilities accounted for three of the 95 cases: 1 burned arm - no COP days, 1 slip incident - 1 day COP, and 1 shoulder pain - 1 day COP.

Goal 2 - Worksites with Highest Injury Rates

Operating Administration: FAA **Work Site: Cleveland, OH 44135**

	FY 1996 Baseline Rate (Cleveland)	FY 2000		FY 2001		Goal Met?	
		Goal	Actual	Goal	Actual	Yes	No
Total Case Rate of Injuries/Illnesses (per 100 employees)	20.27	18.24	9.43	16.42	11.22	X	

Source: FY96, FY00, FY01 – DOT; FY01 – 98 employees, 11 cases/5 with lost time - DOT

Although the Cleveland location's FY01 rate increased 19.1% over the FY00 rate, it still met its goal. Even though this location met its FY01 goal, its injury and illness rate still exceeds the original baseline rate of 5.34 that was established by DOL to determine sites with the highest injury/illness rates.

Goal 3 - Reduce the lost production day (LPD) rate (i.e. lost production days due to injury or illness per 100 employees) by 2% per year. Lost production days are days an employee is away from work due to a work-related injury or illness and days an employee works at less than full capacity (restricted duty) because of a work-related injury or illness.

There currently is no mechanism within the FAA to effectively capture LPD for trending purposes.

Per DOT instructions - calculations for this goal are suspended until DOL establishes a formula for computing lost production days.

6. SAFETY AND OCCUPATIONAL HEALTH PROGRAM ACCOMPLISHMENTS

a. (Use bullets and be concise. List your organization's major accomplishments and place them in the following four categories; do not list daily operational activities. Focus on accomplishments that were significant, that saved dollars, reduced injury/illness rates, and/or were program implementation or modification, etc.)

(1) **Management Leadership and Employee Involvement** – Give (1) examples of management's commitment for the OSH program. Include (2) unique or significant accomplishments that your organization made last year to enhance employee participation, involvement in the OSH program, (3) recognition to outstanding achievers, and (4) establishing accountability and performance standards for managers, supervisors, and employees.

- OSH and Office of Workers' Compensation Program (OWCP) Points of Contact were identified in most LOBs and Staff Offices.
- National Occupational Safety, Health, and Environmental Compliance Committee (OSHECCOM) meeting was held 2/1/01. Topics included

automated external defibrillators (AEDs) and climbing safety/fall protection. Activities of the OSHECCOM are posted on the AEE website.

- The Director of Air Traffic serves as the current Chair of the National OSHECCOM.
- At least seven regions and centers have developed their own regional/center OSHECCOM website.
- FAA is completing the process of including OSH performance standards in senior management's performance plan.
- Established OSH performance standards in its senior manager's performance plan goals, which were successfully met; developed and disseminated OSH policy to its employees, and conducted briefing to Service Directors on requirements to fulfill its OSH program requirements. (AVR)
- Conducted briefings for regional Air Traffic Division Managers to focus their attention on the AT OSH program's objectives and goals to educate and gain support within the regions. (ATS)
- Workshop was conducted for Regional Program Managers for Environment and Safety (RPMES), the Regional Occupational Safety and Health Managers (ROSHM) and the Air Traffic OSH coordinators. (ATS/AAF)
- Hired a Certified Industrial Hygienist to establish and manage the FAA's national radiation program. (ATS)

(2) **Worksite Analysis** – List accomplishments for (1) assessing the effectiveness of your safety and occupational health programs and (2) the results of the analyses and actions taken to correct deficiencies found.

- OSH Management Evaluations - AEE conducted evaluations in three regions.
- Inspections
  - New England Region ROSHM and the Flight Standards safety officer conducted workplace safety inspections at the field offices. A Notice of Unsafe or Unhealthful Condition Report was sent to the FSDO manager that lists the findings. We are working with each office manager to correct citations by the abatement date. (AVR)
  - Hearing Issues - In October 2000, NIOSH conducted audiometric testing hazard evaluations in New England Region. NIOSH spent time on airport ramps and repair facilities. The report was finalized by NIOSH in February 2001 and sent to Flight Standards to be distributed to the field offices and repair facilities. (AVR)
  - Air/Water/Environmental Monitoring - Water samples analyzed based upon employees' concerns. Results negative except for iron levels. (AVR)

(3) **Hazard Prevention and Control** – List accomplishments for the identification, assessment, and resolution of safety and health problems.

- Ergonomic Issues - One LOB conducted ergonomic assessments of several computer workstations. Another LOB set aside funds for the purchase of ergonomically designed office equipment. (ABA)
- Hearing Issues - Headset related acoustic trauma incidents reported have remained constant over the past few years. Investigations by OSHA, NIOSH, and legal expert witnesses indicate that while uncomfortable, the tones

experienced over headsets fall within OSHA standards and should not result in permanent injuries. Pilot efforts to address tones in air traffic control systems are currently being developed. (ATS)

(4) **Occupational Safety and Health (OSH) Training** - Accomplishments for assuring that workers, supervisors, and committee members received appropriate OSH awareness and hazard recognition information and training.
- Asbestos Training - Worked with unions, AT OSH representative, AHR, and GSA regarding asbestos abatement in FAA HQ building FOB10B. LOB employees who are located in FOB10B were given mandatory asbestos awareness training. (AVR)
- A Safety Management Orientation was conducted for OSH POCs 3/01.
- Workshops were conducted in four regions and OSH Compliance Program (OCP) plans were finalized in two regions. (ATS)

Discuss how your goals and objectives provided in FY 2000 Annual Report were achieved and how (if) they were effective for program growth using the following table.

Goals and objectives (Source: FY 2000 report)	**Outcomes**	**Measures contributing to success and/or roadblocks that hindered your OA in achieving program growth**
Revise Supervisor Performance Plans to include responsibility for employee OSH.	This is in the process of being completed.	This required a lengthy collaborative process with several LOBs.
Develop OSH policy chapters on job hazard analysis, electrical safety, evaluation of agency OSH programs, water quality, lead in workplaces, and building air quality.	Policy chapters on toxic and hazardous substances, job hazard analysis have been completed. Chapters on water quality and electrical safety are awaiting signature.	Coordination with the LOBs to gain their concurrence and comments requires extensive follow up. Union coordination almost always delays implementation.
Conduct safety management orientation for OSH and OWCP POCs.	This was conducted March 2001.	Good LOB participation contributed to the success of this workshop.
Conduct three OSH program management evaluations.	One pilot evaluation and two evaluations were conducted.	Active field participation contributed to the effectiveness of the evaluations.
Develop Policy and Implementation Guidance. (AVR)	Issued an AVR OSH policy memo to all AVR service directors and employees.	Good example of how one LOB has developed their OSH policies and could serve as an example to other LOBs.

Participate in OSH related work groups and committees.	As required by the OSHECCOM Charter, LOBs actively participates in FAA OSHECCOM structure in headquarters and the regions.	The OSH and OWCP POCs now participate in the OSHECCOM.
Fund regional safety programs. (ATS)	Dedicated funding was provided for several regional safety programs.	OSH program funding has been limited as a result of congressional cuts, and more recently 9-11 and security program implementation.
Develop Airway Facilities hazard communication program implementation guidance. (ATS)	FAA Order 6000.54, Airway Facilities Hazard Communication Program, published 2/23/01.	Another good example LOB involvement.
Develop cost effective techniques to meet 29 CFR 1960.20 Fire Life Safety Program for Air Traffic Control Towers (ATCT). (ATS)	Developed standard design criteria for ATCT upgrades.	Funding has affected all OSH and Fire Life Safety implementation.

b. Discuss how your accomplishments contributed to your Operating Administration strategic plan. Did you meet the Employee Satisfaction Performance Goal? (Reference: DOT Performance Plan April 2001 and the Performance Agreement Tracking System)

The FAA results for the FY01 Performance Agreement between DOT and FAA as stated in item G-6.2.1: Percent of employees satisfied with working at DOT, subpart G-6.2.1.a: Federal Worker 2000 Initiative:

The FAA has worked toward this goal by improving management of the OSH program, continuing the implementation of its Federal Worker 2000 plan, and increasing the visibility of the OSH program through the creation of the LOB Points of Contact. The LOB POC strategy is a valuable addition to the OSH program because it more effectively focuses the responsibility for employee safety and health within each organization. Additional accomplishments are identified throughout this report and in the attached reports from the individual organizations.

7. PROGRAM DIRECTION

a. Briefly identify your specific annual OSH goals and objectives, and significant OSH initiatives planned and/or programmed for the coming year(s). These will be tracked throughout the year and will be used for the FY 02 Annual Report.

#7 Program Direction OPERATING ADMINISTRATION: FAA		
FY	**GOALS**	**OBJECTIVES/STRATEGIES TO REACH THE GOAL**
FY02	Revise AEE's 5-year OSH Strategic Plan to include a new risk management paradigm for the agency.	Workshops were held 1/01 to identify goals and strategies and are scheduled for Spring '02.
	Focus on assessment of computer workstations. (API/AEE)	Offer ergonomic evaluations of workstations.
	Increase efforts to reduce injuries and illnesses and their corresponding OWCP costs through promotional programs.	Expand the synergy between AHR and AEE through continued meetings between these organizations.
	Finalize enhancements to the Safety Management Information System to produce timely reports on LOB and agencywide injury and illness trends.	Conduct a March 2002 meeting with SMIS customers to finalize an agreement of their needs.
	Revise Order 3900.19B to require all LOBs to budget and implement OSH programs for their employees.	This is scheduled to begin in FY02.
	Develop 5 new policy chapters for Order 3900.19B. (AEE)	Chapters have been included in employees' performance plans.
	Perform OSH management evaluations for 3 LOBs. (AEE)	LOBs that will be evaluated have been identified.
	Revise the OSHECCOM Charter to include Associate and Assistant Administrators of all LOBs and Staff Offices as members.	The revision process for the Charter is scheduled to begin in FY02 and continue into FY03.
	Develop Policy and Implementation Guidance. (AVR)	Initiated development of an AVR Safety Handbook to provide guidance material on roles and responsibilities, program administration and implementation, medical surveillance, hazardous communication, personal protective equipment, hearing conservation, as well as guidance on other occupational health and safety issues.
	Reduce operational air traffic control errors and deviations, which represent approximately 1/3 of ATS cases. Numerous air traffic control claims were filed after the Sept. 11, 2001 attacks. (ATS)	Operational Error Reduction Plans have been implemented and reported cases investigated immediately.

	Improve access to data adequate to perform detailed data analysis. (ATS)	Joint AEE and ATS workshop March 12-13, 2002 to make enhancements to SMIS.
	The protection of facilities and employees from biologic, chemical, and terrorist attacks.	FAA adopted the DOT Mail Handling Procedures and developed it's own Procedures for Handling Irradiated Mail (FY02). Following September 11, 2001, FAA developed and distributed a guide entitled Employee Response to Emergencies.
	Continue implementation of the OSH Compliance Plan (OCP). (ATS)	Five-year plans for establishing and maintaining occupational safety and health compliance in FAA's nine regions and two centers covering 18 program areas including milestones.
FY03	Continue implementation of strategic plan.	Periodic workshops will be held to revise and update the plan, and to monitor performance.
FY04	Continue implementation of strategic plan.	Periodic workshops will be held to revise and update the plan, and to monitor performance.

b. Provide a narrative of what may be needed to reach the goals (resources, senior leader involvement, organizational level change, other challenges, etc.)

Currently the FAA OSH policy and the implementation functions reside in separate organizations.

Insufficient funding for FAA OSH programs continues to be a major challenge. The realignment of budgetary priorities subsequent to the September 11 attacks has compounded the budget problem. Without adequate funding to support LOB OSH programs, program efforts to ensure safe workplaces for FAA employees will be jeopardized.

A risk management approach is needed to improve the effectiveness and accountability of the FAA safety and health program so that injuries and their related costs can be reduced. The foundation needed to implement a risk management program is the support and active participation by senior management. A critical component of a risk management program is the capability to identify and trend the losses that occur. Trending those losses helps organizations to target their resources more effectively to reduce injuries and save costs.

In summary, as part of a risk management program, we must hold managers accountable for the performance of their OSH programs. We must do a better job in identifying injury and illness trends, developing and implementing programs to reverse those trends, and adopting a proactive approach in working with those who sustain injuries or illnesses to return them to work as soon as they are able.

Several initiatives are already under way, such as presentations to the FAA Management Board, improving synergy between AEE and AHR, and promoting interaction between the LOB OSH and OWCP Points of contact. We are also exploring ways financial incentives can be used to help reduce OWCP costs.

8. ADDITIONAL COMMENTS

The major challenge in FY01 and that continues in FY02 is receiving and analyzing injury data in a timely manner. A major concern for LOBs has been not having access to OWCP employee injury data in order to take a proactive approach to eliminate the highest injury risk to our employees. By reviewing data in a timely fashion, interventions could be put in place to eliminate or reduce these incidents by understanding what is the cause of these injuries and how they happened. An effective method of limiting OWCP costs is rapid response and follow-on to filed claims. Follow up by the claimant's supervisor and LOB management awareness of the claim in a real time environment is most important. AHR has begun working with the LOBs to provide reports that will be used to brief the LOB management on OWCP claims.

9. ATTACHMENTS

- Attachment A – FAA Safety Organization
- Attachment B – OSH Policy Chapter 33, Toxic and Hazardous Substances Control Program
- Attachment C - Policy Chapter 23, Job Hazard Analysis
- Attachment D – Annual OSH Reports from
  - ABA – Budget and Accounting
  - AGC – Office of the Chief Counsel
  - API – Policy, Planning and International Aviation
  - APR – Airports
  - ASY – Office of System Safety
  - ATS – Air Traffic Services
  - AVR – Regulation and Certification

Attachment A

FAA Safety Organization

DASHO — Louise Maillet, Acting Assistant Administrator, API-1
OSH Policy
- Division Safety Manager — Thomas T. Holloway, PhD, AEE-200
- Safety Team Leader — Lita Arnold, CIH, CSP, AEE-200
- Safety Team Member — Michael Thomas, PhD, AEE-200
- Safety Team Member — Victoria Hershiser, AEE-200
- Safety Team Member — Nancy McWilliams, CSP, ARM, AEE-200

OSH Implementation
- Air Traffic — Mary Wingard, ATX-500
- Airways Facilities — William Kansier, AFZ-800
- Airways Facilities — Cheryl Mazzella, CIH, AFZ-800

ROSHMs (Regional OSH Mgrs)

Regions and Centers	Regional Occupational Safety And Health Manager (ROSHM)
AAL – Alaska	Chuck Gilmore, AAL-471S
ACE – Central	Chuck Lamison, ACE-473E
ACT – Tech Center	Ken Stroud, ACT-640
AEA – Eastern	Brenda Singh, AEA-475
AGL – Great Lakes	Wayne Volgelsburg, AGL-473
AMC – Aeronautical Center	VACANT, AMP-100
ANE – New England	Nelson Smith, ANE-471
ANM – Northwest Mountain	David Payne, ANM-460
ASO - Southern	Sharon Perkins, ASO-471
ASO - Southern	Patricia Tilson, ASO-16C
ASW- Southwest	Rick Simon, ASW-472
AWP – Western Pacific	Robert Laidler, AWP-471

OSH and OWCP Points of Contact

FAA Organization	OSH Point of Contact	OWCP Point of Contact
AGC (Chief Counsel)	Jackie Washington, AGC-10	Annette Pitts, AGC-10
AGI (Gov't & Industry Affairs)	Bob Cripe, AGI-5	Robert Cripe, AGI-5
APA (Public Affairs)	Theresa Sabino, APA-10	
ACR (Civil Rights)	Mary A Winston, ACR-10	Mary Winston, ACR-10
AHR (Human Resource Mgmt.)	Carole Meredith, AHR-10	
ABA (Financial Services)	Richard Sloan, ABA-10	Richard Sloan, ABA-10
ASY (System Safety)	Velma Cooper, ASY-10	Pam Anderson-Taplett, ASY-10
AIO (Information Services)	Kimberly Morgan, AIO-10	Calvin Mitchell, AIO-10
ARC (Region/Center Operations)	Larry Hedman, ARC-10	Larry Hedman, ARC-10
ATS (Air Traffic Services)	Mary Wingard, ATX-500	Tom Carroll, ATX-200
ARA (Research & Acquisitions)	Douglas Plummer, ASU-430	
AVR (Regulation & Certification)	Jean Watson, AAM-240	Laureen Bakri, AVR-10
ARP (Airports)	Bessie Waiters, ARP-10	Jean Hetsko, ARP-10
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CHAPTER 23. JOB HAZARD ANALYSIS

2300. PURPOSE. This chapter establishes minimum requirements for conducting job hazard analyses (JHA's) at FAA facilities.

2301. BACKGROUND.

a. The FAA is committed to providing for the occupational safety and health of personnel, preventing accidental loss of material resources (e.g., property damage), and avoiding interruptions to essential services resulting from accident and other incidents. An effective occupational safety and health program must include procedures to evaluate job hazards and to eliminate or control the related risks to employees or FAA property. Although identification of possible property damage losses is important, the primary objective of a JHA is to identify the risk of injury associated with systems or equipment, a task or series of tasks, and to recommend solutions to reduce the risk to a standard or acceptable level.

b. A JHA facilitates the discovery and evaluation of hazards that exist in the workplace and the selection of control measures to reduce or eliminate the hazard. Once the hazards have been identified, an evaluation by technically qualified safety personnel (as defined in Chapter 1, para. 11h) will determine the priority for the establishment of appropriate control measures. Based on the potential severity and risk of injury or property damage, hazards shall be promptly eliminated or controlled.

c. OSHA standard 29 CFR 1910.132(d) requires that the FAA assess the workplace to determine if the hazards that require the use of personal protective equipment (PPE), such as head, eye, face, hand, or foot protection, are present or are likely to be present. This requirement is also covered in Chapter 25, FAA Personal Protective Equipment, of this order. If hazards or the likelihood of hazards are found, the FAA shall select appropriate PPE and require that affected employees use properly fitted PPE suitable for protection from these hazards. In addition, the FAA must certify, in writing, that a workplace hazard assessment has been performed that identifies the workplace evaluated, the person certifying the evaluation, and the dates of the evaluation. A JHA will satisfy these requirements.

2302. SCOPE. This chapter applies to all FAA personnel who may encounter health and safety hazards while performing their assigned work duties.

2303. GOALS AND OBJECTIVES.

a. The primary goal of a JHA is to break down potentially hazardous jobs into their basic sequential job tasks in order to better identify which tasks are most closely associated with the hazard(s). When the hazards have been identified, then the associated steps will be reviewed to determine what can be done to make them safer to perform. Region and center management must consider all potential for exposures and the likelihood of accidents in their operations when determining the priorities.

b. Ultimate responsibility for implementing a JHA program rests with region and center management in accordance with their responsibilities as outlined in Chapter 1 of this order.

c. The responsibility for conducting JHA's rests with technically qualified safety personnel. Supervisors and other applicable personnel, at the worksite or facility, shall participate since they have the best knowledge of day-to-day job tasks and any related problems. Completed JHA's are to be reviewed by the Regional and Center Safety and Health Managers (R/COSHM).

2304. TRAINING. Prior to any FAA employee being required to conduct a JHA, he/she shall receive training in the JHA process. JHA's shall be conducted by technically qualified safety personnel who have the experience and training to identify hazards in the workplace.

2305. STEPS IN THE JHA PROCESS.

a. Select the job(s), tasks, operations or processes to be analyzed by reviewing injury and illness data. Initial JHA's should be scheduled for those with the highest rates. Where accident data is lacking, a review of the nature of the job and the equipment and/or materials being used can help to determine which jobs should receive a JHA.

b. Break the job down into individual steps and list each step on the FAA JHA Worksheet (Figure 23-1). Note: The Worksheet may be tailored to the needs of the organization provided the minimum information shown on the form is retained.

(1) Prior to breaking the job down into individual steps, the evaluator should examine the location where the job is being performed to determine if there are any apparent hazards, such as poor lighting, live electrical contacts, improperly stored materials or waste, adjacent operations that may affect the safe operation of the job under review, etc. These should be annotated on the JHA Worksheet.

(2) A critical component of this step is to list all of the tasks required to perform the job on the JHA Worksheet. The evaluator should start by interviewing appropriate personnel who are familiar with the job and/or equipment. The intent of the interviews is to determine the orderly sequence of job tasks and any perceived hazards. Note: OSHA Publication 3071, Job Hazard Analysis, provides useful examples of the level of detail needed in a JHA.

(3) Visual observations shall be made, where possible, of employees performing the actual job tasks.

c. Identify all hazards and potential hazards associated with each step and thoroughly document the findings on the JHA Worksheet. Refer to OSHA Publication 3071 for examples.

d. Review the JHA Worksheet to ensure it is thorough, accurate, and that the job is broken down into a sufficient number of steps.

e. Evaluate the hazards and develop solutions.

(1) Once the hazards are identified, they will be evaluated to determine what control measures are necessary.

(2) Apply the Hierarchy of Control Measures. These are approaches that can be taken to reduce or eliminate hazards. They should be considered in the following order of precedence.

(a) Elimination - removing the hazard or hazardous work practice from the workplace. This is the most effective control measure.

(b) Substitution - substituting or replacing a hazard or hazardous work practice with a less hazardous one. For example, substitution of a less hazardous or toxic solvent for a highly flammable or carcinogenic solvent.

(c) Engineering control - if the hazard cannot be eliminated or substituted, an engineering control is the next preferred measure. This may include modifications to tools or equipment such as providing guards to machinery or equipment, or providing local exhaust or general ventilation to control emissions of toxic or hazardous gases, vapors, or particulates.

(d) Isolation - isolating or separating the hazard or hazardous work practice from people not involved in the work or the general work areas. This can be done by marking off hazardous areas, or by installing screens or barriers.

(e) Administrative control - includes introducing work practices that reduce the exposure to workers. Some examples include limiting the amount of time a person is exposed to a particular hazard, demarcating exclusion areas and establishing physical access controls to prevent workers from entering hazardous areas, and ensuring proper training of employees.

(f) Personal protective equipment - should be considered when other control measures are not feasible or as an interim control until one of the other described controls can be implemented. For more information, see Chapter 25, FAA Personal Protective Equipment.

d. Repeat the JHA process as necessary, by evaluating new equipment or work processes, reviewing accident records, and periodically reevaluating the suitability of previously selected personal protective equipment and/or engineering controls.

2305. RECORDS. Records of JHA's shall be maintained in accordance with applicable OSHA requirements. Where OSHA requirements are lacking, the records shall be maintained in accordance with approved records retention requirements in FAA Order 1350.15.

Figure 23-1. JOB HAZARD ANALYSIS WORKSHEET[1]

Job: _____ **Date:** _____ **INITIAL or REVISED (circle one)**

Completed by: (1) _____ **Title:** _____ **Signature:** _____
Technically Qualified Safety Person

Input Provided by (1) _____ **Title:** _____ **Signature:** _____

Input Provided by (2) _____ **Title:** _____ **Signature:** _____

Input Provided by (3) _____ **Title:** _____ **Signature:** _____

TASK OR JOB STEP	POTENTIAL HAZARDS	RECOMMENDED CONTROL(S)

[1] This worksheet will meet the minimum for hazard assessment requirements of OSHA's personal protective equipment standard, 29 CFR 1910 132.

CHAPTER 33. TOXIC AND HAZARDOUS SUBSTANCES EXPOSURE CONTROL PROGRAM

3300. GENERAL. This chapter covers the establishment of a Federal Aviation Administration (FAA) program to control employee occupational exposures to toxic and hazardous substances that may occur through inhalation, by absorption through the skin, by ingestion, or through surface contact with the skin. Toxic and hazardous substances applicable to this chapter may be found in a variety of forms including liquid, solid, gaseous, etc. These exposures may arise from work tasks and processes that involve the handling or use of toxic and hazardous substances.

3301. GOALS AND OBJECTIVES. The goal of the FAA Toxic and Hazardous Substances Exposure Control Program is to provide programs and procedures that will ensure the protection of FAA employees from excessive exposure to these substances.

3302. SCOPE. This chapter applies to all personnel in FAA-owned or leased buildings and/or facilities and all FAA personnel in GSA-controlled buildings and/or facilities. This includes, but is not limited to, employees involved in purchasing, receiving, handling, and using toxic and hazardous substances in the workplace. In addition, FAA contractors and sub-contractors who use or transport toxic or hazardous substances must have their own hazard communication program and comply with paragraph 1905d, Requirements for Contractors or Other Outside Personnel, of Chapter 19, Hazard Communication Program.

3303. STANDARDS AND GUIDELINES. Federal, state, and local governments have promulgated regulations concerning exposure to toxic and hazardous substances. OSHA standards and other guidelines that apply to FAA workplaces include, but are not limited to, the following:

a. 29 CFR 1910, Subpart Z, Toxic and Hazardous Substances

b. 29 CFR 1926, Subpart Z, Toxic and Hazardous Substances

c. The American Conference of Governmental Industrial Hygienists (ACGIH) 2001 *TLVs and BEIs - Threshold Limit Values for Chemical Substances and Physical Agents.* A current edition may be purchased from ACGIH, Kemper Woods Center, 1330 Kemper Meadow Drive, Cincinnati, OH 45240-1634. See also http://www.acgih.org for ordering information.

3304. PROGRAM REQUIREMENTS.

a. General. The following process is to be utilized for establishing a program to evaluate employee exposure to toxic and hazardous substances in FAA workplaces:

(1) Evaluate the workplace to identify the presence or potential for toxic and hazardous substances. If the presence of a toxic or hazardous substance(s) is identified, appropriate testing should be conducted by technically qualified safety personnel (see 3900.19B, Chapter 1, General, Definitions, paragraph 11h) for exposure determination.

(2) If the exposure determination reveals that acceptable levels are exceeded, a hazard control program should be established to remove or reduce the hazard, or substitute the substance with a less hazardous material.

(3) Chapter 15, Asbestos Control Program, addresses asbestos control programs and is to be followed if potential asbestos exposures exist.

b. Exposure Limits. FAA shall comply with all applicable standards and this chapter to reduce or minimize toxic or hazardous substance exposures.

(1) No FAA employee working on FAA premises shall be exposed to any toxic or hazardous substance in excess of the permissible exposure limits (PELs) specified in 29 CFR 1910, Subpart Z, or in excess of the threshold limit values (TLVs) as recommended in the current edition of the American Conference of Governmental Industrial Hygienists (ACGIH) *Threshold Limit Values (TLVs) and Biological Exposure Indices - Values for Chemical Substances and Physical Agents*, unless controls, as described in paragraph 3304e, are in place.

(2) In case of conflicts between the OSHA PELs and the TLVs, the more stringent shall prevail.

c. Hazard Identification. Technically qualified safety personnel shall evaluate FAA operations, materials, and equipment for potential to expose workers to toxic and hazardous substances above acceptable limits. (See Chapter 23, Job hazard Analysis, for guidance.) Where such exposures have been identified, a hazard control program must be developed in accordance with Chapter 19, Hazard Communication, and OSHA 29 CFR 1200, Hazard Communication Standard.

d. Testing and Monitoring.

(1) Technically qualified safety personnel shall determine the concentrations of, and related hazards of (i.e., skin contact, physical hazards, etc.), toxic and hazardous substances in accordance with acceptable industry practice to ensure the full evaluation of all hazards. Only laboratories accredited by the American Industrial Hygiene Association (AIHA) or other similar accrediting body shall be used for sample analysis.

(2) When the potential for airborne toxic or hazardous substances exists, employee exposures shall be determined by taking a personal breathing zone air sample. In addition, at the discretion of technically qualified safety personnel, area air samples may be taken.

(3) Employees for whom sampling is conducted shall be notified in writing of the results of any monitoring within 15 working days of receipt of the laboratory report.

e. Exposure Control.

(1) To achieve compliance with exposure limits specified in paragraph 3304b, engineering controls must be evaluated and implemented whenever feasible. Please see the "Hierarchy of Control Measures" in paragraph 2305e(2) of Chapter 23, Job Hazard Analysis.

(2) When engineering controls are not feasible, nor sufficient to reduce exposure to within acceptable limits, administrative controls (such as, rotation of workers, employee training, etc.) shall be evaluated and implemented. Administrative controls shall also be implemented during initiation of engineering controls.

(3) When engineering or administrative controls are not feasible, or are not sufficient, personal protective equipment (PPE) (such as respirators or gloves) shall be instituted, provided the use of PPE reduces the exposure to within acceptable limits. For further information, please see Chapter 25, FAA Personal Protective Equipment.

f. Information and Training. All employees using, storing, or handling toxic and hazardous substances shall receive training on the information contained in the manufacturer's Material Safety Data Sheet (MSDS) for the substance, and any additional safety and health instructions required to understand this information, per Chapter 19, Hazard Communication Program. If applicable, training shall include the proper selection, use and maintenance of PPE.

g. Recordkeeping.

(1) Employee exposure records shall be maintained by the appropriate safety office and made available to employees in accordance with applicable substance-specific OSHA standards, 29 CFR 1910.1020, Access to Employee Exposure and Medical Records, and Chapter 12, Occupational Medical Surveillance Program.

(2) Medical records shall be maintained by Aerospace Medicine in a secure location and made accessible to employees in accordance with applicable substance-specific OSHA standards, 29 CFR 1910.1020, Access to Employee Exposure and Medical Records, and Chapter 12, Occupational Medical Surveillance Program.